

**Ajeerna | Alasaka | Vishuchika | Vilambika**

# Ajeerna (Indigestion) & Its Acute Complications

## Alasaka, Vishuchika & Vilambika - A Complete Ayurvedic Synopsis

*Classical sources consulted* – • Aṣṭāṅga-Hṛdaya Sū. 13 & Chi. 9 • Caraka Saṃhitā Sū. 26, Chi. 14, 19 • Suśruta Saṃhitā Uttara 64 • Mādhava-Nidāna 6, 51 • Bhāvaprakāśa Madhyama 3

### 1. Disease-wise Description & Types

Entity	Literally means	Cardinal idea	Recognised types*
<b>Ajeerna</b>	a-jīrṇa = “non-digestion”	Failure or delay of jatharāgni resulting in persistence / putrefaction of food taken	1. Āma-jeerna (Kapha) 2. Viḍagdha (Pitta) 3. Viṣṭabdha (Vāta) 4. Rasa-śeṣa (trifling residue) 5. <b>Vilambika</b> † (a Kapha-dominated sluggish variety)
<b>Alasaka</b>	“Motion-less food”	Vāta dries & arrests ingested food in stomach & intestines without its downward progress	—
<b>Viśūchikā</b>	“Sudden stabbing pain like a needle”	Violent Vāta pushes undigested food both upwards & downwards causing simultaneous vomiting & diarrhoea (classical portrait of acute gastro-enteritis / cholera)	—

\*The first three are universal; Rasā-śeṣa & Vilambika are mentioned by later authorities. †Some authors keep Vilambika under Ajīrṇa, others list it separately; both views are accommodated here.

### 2. Nidāna-Pañcaka (Aetiological Pentad)

The table encapsulates the common Nidāna-pañcaka and highlights variety-specific points.

Pañcaka limb	Ajīrṇa (general)	Alasaka	Viśūchikā	Vilambika
<b>Nidāna (causes)</b>	• Adhyāśana (re-feeding on previous meal) • Viṣama & Viruddhāhāra • Excess Śīta, Guru, Snigdha diet • Divā-svapna after heavy meal • Alcohol, stress	Same as Ajīrṇa + sudden fright/suppression of flatus	Same causes + intake of contaminated water / food, seasonal epidemics	Heavy kapha-producing diet (curd, cheese, sweets) + day sleep
<b>Pūrvārūpa</b>	Anorexia, mild nausea, drowsiness	Distension, heaviness	Cramps, uneasiness, chill	Profound heaviness, lassitude
<b>Rūpa (signs)</b>	See Type-wise in §3	• Sudden arrest of voiding • Board-like abdomen • Severe colic, nausea • No belching / flatus	• Explosive emesis & purgation • Burning, cramps • Exhaustion, dehydration	• Persistent heaviness • Thick saliva • Somnolence
<b>Upaśaya / Anupaśaya</b>	• Langhana, Dīpana <b>relieve</b> • Heavy, cold intake <b>worsens</b>	Warm fomentation ↑, food intake ↓	Śīta-jala intake ↑ vomiting; Sunthi-leha ↓ cramps	Rakta-śāli yavāgu (Thin rice gruel) ↓ heaviness

Pañcaka limb	Ajirṇa (general)	Alasaka	Viśūchikā	Vilambika
<b>Samprāpti</b>	Food-induced Āma + Agni-mada → micro-channel blockage → Doṣa-specific manifestations	Udāna-Apāna vāta virodha → sthambana of Āhāra rasa	Vāta urdhva-adhogati → violent expulsion + Pitta-Āma fermentation	Guru & Abhiṣyandi kapha coats food → extreme gastric stasis

### 3. Doṣa-wise Clinical Picture (Ajirṇa)

Type	Dominant Doṣa	Key manifestations
Āma-jeerna	Kapha + Āma	Nausea, salivation, heaviness, white coated tongue, aversion to food
Vidagdha	Pitta	Sour / bitter eructation, burning epigastrium, thirst, dizziness
Viṣṭabdha	Vāta	Distension, gripping colic, gurgling, dry belch, obstipation
Rasa-śeṣa	Tridoṣa (mild)	Light residual fullness, improper taste in mouth, passes off with single meal or light fast
Vilambika	Kapha (Āma-prāya)	Marked heaviness, drowsiness, cold sweat, sweet belching, sticky mucus in throat

### 4. Samprāpti-Vighatana (Therapeutic Break-up)

- Nidāna-parivarjana** - stop further ingestion / wrong food.
- Langhana** - complete (up to *nirāhāra*) for Viśūchikā & Alasaka; *laghu-upavāsa* for others.
- Dīpana-Pācana** - ignite jatharāgni, digest Āma (Trikaṭu, Pañcakola, Sunthi etc.).
- Vātānulomana & Doṣa-hara Śodhana** • Vamana - Kapha-dominant cases (Āma, Vilambika). • Mṛdu Virecana - Vidagdha, Viśūchikā after initial control. • Niruha / Anuvāsana Basti - Viṣṭabdha & Alasaka once colic subsides.
- Śamana** - specific internal formulations + external sveda / abhyanga support.
- Aharādi Saṃskāra** - phased *saṃsarjana* diet, psychic counselling, rasāyana.

### 5. Doṣa-specific Chikitsā-Sūtra (Ready-reckoner)

- Āma / Kapha predominance** Langhana → *Tikṣṇa Dīpana* (Pañcakola) → *Uṣṇa Sveda* → Vamana → Hingu-Ārdraka-pāka.
- Pitta predominance** Laghu-Langhana → *Madhura-Tiktaka* Pācana → Śīta Jala-sīpana → *Mṛdu Virecana* → Takra-Sarpir-sevana.
- Vāta predominance** Śīta-Langhana (fasting with warm water) → *Sneha-Sveda* → *Saindhava-Hiṅgu* Anupāna → Niruha-Basti → Ajwain-Hingvāstaka anna.
- Āma+Vāta catastrophe (Alasaka / Viśūchikā)** Vāta śamana is first, hence - Stomach lavage if needed → *Hot Decoction of Sunthi* + *Saindhava* frequent sips → *Pippalī-mātra* (emesis only if Kapha plugs) → After control, gradual Dīpana & Virecana.

### 6. Chikitsā-Yojanā - Internal, External & Diet

#### 6.1 Ajeerna (type-wise)

Type	Prime Classical Yoga*	Average dose & timing	Quick Pathya	Apathya
Āma	Jeernī / Ajirṇāri-vaṭī, Hingu-catur-aṅga cūrṇa	1-2 tab or 3 g with warm water, after burping	Hot water, thin <i>dhānyaka-yavāgu</i> , light walk	Curd, cold drinks, day-sleep
Vidagdha	Sūtaśekhara rasa, Praval-pancha-mṛta, Drākṣādi kvātha	250 mg + 3 g + 50 ml, b.i.d.	Shāli rice + ghee, cold milk, raisins	Chili, vinegar, hard exercise



Type	Prime Classical Yoga*	Average dose & timing	Quick Pathya	Apathya
Viṣṭabdhā	Hinguvācādi cūrṇa, Ajwain-ark, Eranda-taila 10 ml h.s.	3 g thrice daily	Warm water continuously, fennel seeds chew	Beans / cabbage, dry fasting
Rasa-śeṣa	Laghu-supa / Yūṣa with Sunthi, Trijāta siddha water	— (dietary)	Single light meal; rest	Re-feeding, excess liquids
Vilambika	Pañcakola siddha takra, Agnitunḍī vaṭī	100 ml + 250 mg t.i.d. before food	Hot, dry gruel (yava), mild exercise	Sweets, cheese, afternoon nap

\*Use GMP pharmacy preparations or authentic home compound; dosage adult unless stated.

## 6.2 Alasaka

- Emergency:** • Lukewarm saline water w. Saindhava 250 ml for gastric wash. • Sunthi-paṭola kvātha fomentation over abdomen.
- Internal** (after pain relief) • Hingu-vādi kiṣṭa 15 ml q4h. • Sanna-pānaka (jaggery 5 g + Sunthi 1 g + Saindhava 500 ml warm water).
- If still obstructed** - *Nirūha basti* (Daśamūla + Pañcakola + Eranda taila).
- Pathya** - Only hot water sips for 12 h → thin *paya-yūṣa* → light rice.

## 6.3 Viśūchikā

- Immediate control of vomiting & purging** • Dhānyā-kumārī svarasa 10 ml + Saindhava 1 g every 30 min till it stops. • OR *Śunṭhī 2 g + Pippalī 1 g + Jīraka 1 g + Saindhava 1 g* - licked with honey.
- Re-hydration** - Ayurvedic ORS: • 1 l warm water + rock-salt 3 g + jaggery 20 g + roasted cumin 1 g + lemon.
- After control (within 12-24 h)** • *Trivṛt-lehya* 6-10 g for mṛdu virecana (to clear residual doṣa). • *Mustā-Parpaṭa kvātha* 60 ml b.i.d. for 3 days.
- Diet ladder** - *Piṇḍa-pāna* (clear rice gruel) → *Takra-māṇḍa* → thin rice with ghee.

## 6.4 Vilambika

• First line - *Uṣṇa-sveda* (valuka), *Laghu-langhana* for 6 h. • **Internal drugs:** Vyoshādi vaṭī 250 mg t.i.d.; *Pañcakola ghana* 500 mg b.i.d. before food. • **Diet** - Dry roasted barley + ginger pickle, warm water only. • **When Kapha melts** - single *Vamana* with Ikṣvāku phala or Madana-phalā yoga delivers lasting cure.

## 7. Pathyā-Apathyā (Common Golden Rules)

### DO'S

- Eat only after the clear feel of hunger & complete digestion of previous meal.
- Prefer Laghu, Ushṇa, Sukha-digesta food: shāli rice, yava, green gram yūṣa, ginger-laced soups.
- Sip warm water; practise mild walk after meals (vātapraṇayana).
- Regular evacuation of flatus, belch & stools.
- Mental calmness; light stretching, *Prāṇāyāma*.

### DON'Ts

- Adhyāśana, Viruddhāhāra, night meals after 9 p.m., cold water immediately post-food.
- Guru, kaphakara items (cheese, pastries, ice-cream) in weak agni.
- Day-sleep (especially after lunch), late-night vigil, excessive talking during meals.
- Alcohol, carbonated drinks, smoking.
- Suppression of natural urges and acute mental stress.



## 8. Follow-up & Rasāyana

After recovery, administer for 30–45 days

- *Ama-case*: Pippalī rasāyana (for agni deepana)
- *Pitta*: Āmalakī churna + Madhu morning
- *Vāta*: Castor-taila 5 ml bedtime on alternate days with strict diet discipline to prevent recurrence.

## 9. Key Clinical Cautions

1. Rule out surgical abdomen, intestinal obstruction, perforation and infective cholera; refer if red flags (persistent vomiting with bile or blood, high fever, shock).
2. In children & elderly dehydration can be fatal in *Viśūchikā* – maintain fluids aggressively.
3. Pregnancy – avoid strong *Vamana* / *Virecana*; use mild *Dīpana* (*Ajwain-Saindhava*) + *Pathya*.

## 10. Concise Take-home

- All these conditions stem from *Agni-manda* & *Āma*; *Vāta* determines speed (stasis = *Alasaka*, hyper-expulsion = *Viśūchikā*).
- Therefore “*Langhana* + *Dīpana* + *Vātānulomana*” is the non-negotiable therapeutic axis.
- *Kapha*-loaded cases need *Vamana*, *Pitta* ones need *Śīta-virecana*, while *Vāta* dominance calls for *Sneha-Sveda-Basti*.
- A strictly regulated diet & lifestyle is as vital as any medicine for a sustained cure.